Statement of Legal Newspaper Ownership and Circulation

STATE OF SOUTH DAKOTA

1. TITLE OF NEWSPAPER	Timber Lake Topic
2. DATE	9-30-19
3. FREQUENCY OF ISSUE	Weekly
3A. NO. OF ISSUES PUBLISHED ANNUALLY	51
3B. ANNUAL SUBSCRIPTION PRICE	$42/45
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)	P.O. Box 10 Timber Lake SD 57656
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)	same as above
6. FULL NAME OF PUBLISHER:	Kathy Nelson and Robert Slocum
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME	TLI Publishing, INC. COMPLETE MAILING ADDRESS P.O. Box 10 Timber Lake SD 57656
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.	none

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1555	1580
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, and counter sales.	125	125
2. Mail Subscription (Paid and or requested)	1304	1301
3. Paid Electronic Copies	55	80
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	1484	1506
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	42	42
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	-	-
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1526	1548
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	29	32
2. Return from News Agents	-	-
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	1555	1580

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

R. Slocum
(Signature)

Publisher/owner
(Title)

State of South Dakota)
County of Dewey) §
(Seal)

Sworn to before me this 30th day of Sept., 2019

Kathy Snyder Nelson
Notary Public

My commission expires:

KATHY SNYDER NELSON
NOTARY PUBLIC
SEAL
SOUTH DAKOTA

KATHY SNYDER NELSON
Notary Public, Dewey Cty., S. Dak.
My Commission Expires March 31, 2023

SOS REC 05/2016